UNITED STATES HOUSE OF REPRESENTATIVES	Form A For Use by Members, Officers, and Employees	LERISLA THE LEGGLAGE
		Coffice use fonly): [1: C)
Name: Jonnie More Wolfon Cale Mun Daytime Telephone: 202-721	ハDaytime Telephone: 202-225 580/	A \$200 penalty shall be assessed against any individual who files more than 30 days lates.
FILER Member of the U.S. State: House of Representatives District:	Officer or Employing Office:	e: Steff Filer Type: (If Applicable) Shared Principal Assistant
REPORT 2018 Annual (Due: May 15, 2019)	Amendmant Terminetion Date of Termination:	t mination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	SE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own eny reportable esset that was worth more than \$1,000 et the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes Vo No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange eny securities or reportable reel estete in e transection Yes exceeding \$1,000 during the reporting period?	G. Oid you, your spouse, or your dependent child recaive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	hild recaive any Yes No
C. Did you or your spouse have "eerned" income (e.g., selaries, honorarie, or pension/IRA distributions) of \$200 or more during the reporting period?	No C	ild recaive eny Yes V No No
D. Did you, your spouse, or your dependent child have eny reporteble Yes liebility (more then \$10,000) et eny point during the reporting period?	No l. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	nation to charity in Yes No
E. Did you hold any reportable positions during the reporting period or Yes in the current calendar year up through the date of filing?	V No ATTACH THE	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -	-	ANSWER EACH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of en Initiel Public Offering during the raporting period? If you answered "yes" to this question, pleese contact the Committee on Ethics for further guidance.	ublic Offering during the raporting period? If you answered "yes" to this q	luestion, pleese Yes No
TRUSTS - Details regerding "Qualified Blind Trusts" approved by the Committee on Ethics from this raport details of such a trust that benefits you, your spouse, or dependent child?	Committee on Ethics and certain other "excepted trusts" need not be disclosad. Have you excluded or dependent child?	lave you excluded Yes No M
EXEMPTION — Have you excluded from this report any other assets, "unearnad" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answar "yes" unless you have first consultad with the Committee on Ethics.	d" income, transactions, or liebilities of a spouse or your dependent child	because they meet Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: BONNIE Make Wuton Co Leman

Prudential Employee Deferred Compensatio Plan (NJ STUR)	599N Church ST	JT Simon & Schuster Simon & Schuster X	ror remark and order real property rieu on investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-hald business that is not publicly traded, stata the namo of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period), and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund thet is an Excepted investment Fund, please check the "EIF box. If you so choose, you may indicate that an exset or income source is that of your spousa (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For e datalled discussion of Schedula A requirements, please refer to the instruction booklet.	Identify (e) auch assat held for investment or production of income and with e fair market value acceeding \$1,000 et the end of the reporting period, end (b) any other reportebla asset or source of income that generated more than \$200 in "unearmed" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such es 401(k) plans) provide tha value for each assat haid in the account thet exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every finencial institution where there is more than \$1,000 in interest-bearing accounts.	Assets and/or Income Sources
X .	X	Indefinite >	None \$1.\$1,000 \$1,001-\$15,000 \$15,001-\$15,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$25,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000	Indicate velua of asset at close of the reporting pariod. If you use a valuetion method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets hald by your spouse or dependent child in which you have no interest. A B C D E F G H I J K L M	Value of Asset
	X	Royallies Partnership	NONE DIVIDENDS RENT TOTAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Check all columns that opply. For scooms set generale tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the Tax-Dat set of column. Dividends, interest, and capital gains, sen if relignested, must be disclosed as income for seats held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Type of Income
X X	X	× ;	\$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$10,001-\$10,000 \$100,001-\$1,000,000 Cver \$5,000,005 Spouse/DC Asset with Income over \$1,000,000*	t For assets for which you checked "Tax-Deferred" in Block C, you may check tha "None" column. For all other assets indicats the category of income by checking the epopropiate box below. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "Nona" fino income was aamed or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest. I II III IV V VI VII VIII IX X XI XII	Amount of Income
			P, S, S(part), or E	i Indicate if the asset had be asset had be asset had purchases (P), and acchanges (E), or acchanges (E). exceeding \$1,000 in the reporting of principal period of an asset was sold, please indicate as follows: (S (part)). Leave this column blank if there ere no transactions that exceeded \$1,000.	Transaction

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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	-	\vdash	+-	+	+	+	+-	\dagger	+	+	t		\vdash	\vdash	+-	1	Spouse/DC Asset with Income over \$1,000,000"	
																	P. S. S(part), or M	BLOCK E Transaction

SCHEDULE B - TRANSACTIONS

Name: Bonn o Morse Westson Coleman Page 4 of 10

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														SP	SP DC JT	Capital Gucheck the disclose the	resulted in a Exclude trapurchase or only a portion.	dependent	Report an
														Example		Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gains' box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schadule A. * Column K is for assets solaly held by your spouse or dependent child.	resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental Income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	reporting period of any security or real property held by you, your spause, or your dependent child for investment or the production of Income. Include transactions that	Report any purchase, sala, or exchange transactions that exceeded \$1,000 in the
														Mega		ales transau hs" box, und in income o	between your persons	y security or restment or	sala, or e)
														Mega Corp. Stock		ction result less it was on Schedul	be a brief to your a residence old, please	or real proj	change tr
															Asset	ed in e ca an asset in e A. spouse or	description spause, or e, unless it e choose	tion of Inco	ansactions
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SCHEDULE C - EARNED INCOME

Name: Bonnie Morie Wirtson Colem un Page 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. of 10

EXCLUDE: Militery pey (such as National Guard or Reserve pay), federal retirement programs, end benefits received under the Social Security Act. INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated et or ebove the "senior staff" rete wes \$28,050. The 2019 limit is \$28,440. In addition, certain types of Income (notably honorena, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	Social Security Act. Id et or ebove the "senior staff" rete wes to relationship) are totally prohibited.	\$28,050. The 2019 limit is \$28,440.
Source (include date of receipt for honoraria)	Type	Amount
Keene State	Approved Teaching Fee Legislativs Pension	\$6,000 \$18,000
Examples: Chit War Roundtable (Oct. 2) Onlario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
Police Pension Fund	Spance Salong	N/A
NJ State Pension	pension	44724
	•	

SCHEDULE D - LIABILITIES

Name: Bonnie Mine Wook on aleman- Page 6 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal rasidence. Exclude: Any mortgage on your personal residence (unless you rant it out or are a Member); loans secured by automobiles, housahold furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabile); and liabilities own own at the child, parent, or sibling of you or your spouse. Raport a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities hald solaly by your spouse or dependent child.

				SP, DC, JT		
7.	7	hoe!	Example			
Ford Amikey Bank	CHIZEN ONE	huells Fargo	First Bank of Wilmington, DE	Creditor		
2017	2102	8/2012	5/16	Date Liability Incurred MO/YR		
Andelean	ando loan	8/2012 MTq-Primary Residence	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
	メ			\$15,001- \$50,000	œ	
×				\$50,001- \$100,000	C	
		×	×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	m	Tage In
				\$500,001- \$1,000,000	71	
				\$1,000,001- \$5,000,000	6	Amount of Liability
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	٠	
				Over \$1,000,000* (Spouse/DC Liability)	_	1

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, hald during the current or prior calendar year as an officer, director, trustee of an organization, partner, propriator, raprasantetiva, employae, or consultant of any corporation, firm, partnership, or other business anterprise, nonprofit organization, labor organization, or aducational or other institution other than the United States. Exclude:

Positions held in any relictious, social fraternal or notitical entities (such as collitical narties and comparison organizations): and positions entering the horovery nature.

Position	Name of Organization

SCHEDULE F - AGREEMENTS

Name: Robbie Movie Worker Colemn Page 7 of 60

identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other then the U.S. government; or continuing perticipation in en employee welfere or benefit plen meintained by a former

Date	Parties to Agreement	Terms of Agreement
10/67	NJ State Pension	Self And State Not Pension at oge 50
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SCHEDULE G - GIFTS

ecceptence of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics. Report the source (by name), a brief description, end the velue of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from eny source during the year. Exclude: Gifts from reletives, gifts of personal hospitality from an individual (which may not include a registered tobbyist or foreign agent), tocal meals, and gifts to a spouse or dependent child that are totelly independent of his or her reletionship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Bonnie	
marie water	
Certra	
Page % of ID	

Identify the source and list travel itinerary, dates, end nature of expenses provided for travel and travel-releted expenses toteling more then \$390 received by you, your spouse, or your dependent child during the reporting period. Indicete whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, end local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); politicel travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totelly independent of his or her relationship to the filer.

	Source	Data(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijng, China-DC	۲	۲	Z
Examples:	Habitet for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	≺	*	٧
United	United Mations Foundation	4-23-4/24	Trenton, NJ - New York 1-4- Works	7	ት	Z
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:	
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Page_9 of _/ 0	

List the source, act confidential list of c	List the source, activity (i.a., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charitias racaiving such payments must ba filed directly with tha Committee on Ethics.	ศ์ an event to a charitable organizatio	n in lieu of paying an honora	rium to you. A separate
	Source	Activity	Date	Amount
Examplas:	Association of American Associations, Washington, DC	Spaech	Fab, 2, 2018 Aug. 13, 2018	\$2,000
		:		
			,	

								NOTE NUMBER
						!	Mortgage Corrent on Residence Property 181 Claplin one	NOTES